FORM D



# UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

# NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

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ОМВ	APPROVAL

OMB Number: 3235-0076

Expires:

Estimated average burden

hours per form ...... 16.00

	SEC USE ONLY	
Prefix	· <b>— ·</b>	Serial
-	DATE RECEIVED	

Name of Offering ([] check if this is an amendm			ndicate change.)		None to a
Ivanhoe Energy Inc. (the "Company") - Offer	ing of Special War	rants			SEE MAIN
Filing Under (Check box(es) that apply):	[ ] Rule 504	[ ] Ru	le 505 [X	[] Rule 506	[ ]Settle#4(6)Cessin[g] ULOE
Type of Filing: [X] New Filing	[ ] Amendmen	t			Section
	A. BASIC I	DENTIFIC	CATION DATA		JUI, 23 ZUUD
1. Enter the information requested about the is	suer				101 A
Name of Issuer ([] check if this is an amendment	t and name has chan	ged, and inc	licate change.)		Washington, DC
Ivanhoe Energy Inc.					<u> 109</u>
Address of Executive Offices (No	ımber and Street, Ci	ty, State, Zij	p Code)	Telephone N	lumber (Including Area Code)
Suite 654 - 999 Canada Place, Vancouver, BC,	Canada V6C 3E1			(604) 688-83	323
Address of Principal Business Operations (Nu		ty, State, Zi	p Code)	Telephone N	lumber (Include Reacous SED
(if different from Executive Offices) Suite 400 -	5060 California Av	e., Bakersfi	eld, CA 93309	(661) 869-28	387
Brief Description of Business Independent into	ernational heavy oil	developme	nt and product	ion company	JUL 2 82008
Type of Business Organization			•		TION TO AN DELITED
[X] corporation	[ ] limited partner	ship, alread	y formed	[ ] other (p	lease specify <b>THOMSON REUTERS</b>
[ ] business trust	[ ] limited partner	rship, to be f	ormed		
		Month	Year		
Actual or Estimated Date of Incorporation or Org	anization:	[2]	[1995]		[X] Actual
•					[ ] Estimated
Jurisdiction of Incorporation or Organization:	(Enter two-le	etter U.S. Po	stal Service abb	reviation for Sta	te:
	CN for Cana	da; FN for f	oreign jurisdiction	on)	[CN]

#### GENERAL INSTRUCTIONS

## Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

#### State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

### ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

## A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
  - Each promoter of the issuer, if the issuer has been organized within the past five years;
  - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition, of, 10% or more of a class of equity securities of the issuer;
  - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
  - Each general and managing partner of partnership issuers.

Check Box(es) that Apply:	[ ] Promoter [X] Beneficial Owner [ ] General and/or Managing Partner	[X] Executive Officer	[X] Director
Full Name (Last name first, if indiv			
Friedland, Robert M.			
Business or Residence Address (No. 150 Beach Road, No. 25-03 The G	imber and Street, City, State, Zip Code) ateway West, Singapore 189720		
Check Box(es) that Apply:	[ ] Promoter [X] Beneficial Owner [ ] General and/or Managing Partner	[ ] Executive Officer	[ ] Director
Full Name (Last name first, if indiv			<del>.</del>
Newstar Holdings SRL	touil)		
	imber and Street, City, State, Zip Code)		
Stevmar House, Suite 202, Rockl			
Check Box(es) that Apply:	[] Promoter [X] Beneficial Owner	[ ] Executive Officer	[ ] Director
Check Box(cs) that Apply.	[] General and/or Managing Partner	[] Dicedure Officer	[ ] Director
Full Name (Last name first, if indiv	idual)		
Newstar Securities SRL	,		
	imber and Street, City, State, Zip Code)		
Stevmar House, Suite 202, Rockl			
Check Box(es) that Apply:	[ ] Promoter [X] Beneficial Owner	[ ] Executive Officer	[ ] Director
	[ ] General and/or Managing Partner		
Full Name (Last name first, if indiv	vidual)		
Australian Bulk Minerals SRL			
Business or Residence Address (No	umber and Street, City, State, Zip Code)		
Stevmar House, Suite 202, Rockl			
Check Box(es) that Apply:	[ ] Promoter [X] Beneficial Owner	[ ] Executive Officer	[ ] Director
	[ ] General and/or Managing Partner		
Full Name (Last name first, if indiv	ridual)		
Goldamere Holdings SRL			
	umber and Street, City, State, Zip Code)		
Stevmar House, Suite 202, Rockl			
Check Box(es) that Apply:	[ ] Promoter [ ] Beneficial Owner [ ] General and/or Managing Partner	[ ] Executive Officer	[X] Director
Full Name (Last name first, if indiv	ridual)	<del></del>	
Abboud, A. Robert			
Business or Residence Address (N	imber and Street, City, State, Zip Code)		
Suite 654 - 999 Canada Place, Va	ncouver, BC, Canada V6C 3E1		
Check Box(es) that Apply:	[ ] Promoter [ ] Beneficial Owner	[ ] Executive Officer	[X] Director
	[ ] General and/or Managing Partner		
Full Name (Last name first, if indiv	ridual)		
Ballach, Howard R.	,		
	umber and Street, City, State, Zip Code)		
Suite 654 - 999 Canada Place, Va			
Check Box(es) that Apply:	[ ] Promoter [ ] Beneficial Owner	[ ] Executive Officer	[X] Director
	[ ] General and/or Managing Partner		• •
Full Name (Last name first, if indiv	vidual)		
Graham, Robert G.	,		
	imber and Street, City, State, Zip Code)		
Suite 654 – 999 Canada Place, Va			
Check Box(es) that Apply:	[ ] Promoter [ ] Beneficial Owner	[ ] Executive Officer	[X] Director
Silven Son(co) Line i pp.y.	[ ] General and/or Managing Partner	( )	
Full Name (Last name first, if indiv	ridual)		
Pirraglia, Robert A.			
Business or Residence Address (N	umber and Street, City, State, Zip Code)		
Suite 654 – 999 Canada Place, Va			

#### A. BASIC IDENTIFICATION DATA [ ] Executive Officer [X] Director Check Box(es) that Apply: [ ] Promoter [ ] Beneficial Owner [ ] General and/or Managing Partner Full Name (Last name first, if individual) Downey, Brian F. Business or Residence Address (Number and Street, City, State, Zip Code) Suite 654 - 999 Canada Place, Vancouver, BC, Canada V6C 3E1 [ ] Promoter [ ] Executive Officer [X] Director Check Box(es) that Apply: [ ] Beneficial Owner [ ] General and/or Managing Partner Full Name (Last name first, if individual) Meredith, Peter G. Business or Residence Address (Number and Street, City, State, Zip Code) Suite 654 – 999 Canada Place, Vancouver, BC, Canada V6C 3E1 [ ] Beneficial Owner [X] Executive Officer [ ] Director Check Box(es) that Apply: 1 Promoter I General and/or Managing Partner Full Name (Last name first, if individual) Lancaster, W. Gordon Business or Residence Address (Number and Street, City, State, Zip Code) Suite 654 - 999 Canada Place, Vancouver, BC, Canada V6C 3E1 [ ] Promoter [ ] Beneficial Owner [X] Executive Officer [ ] Director Check Box(es) that Apply: [ ] General and/or Managing Partner Full Name (Last name first, if individual) Silverman, Michael Business or Residence Address (Number and Street, City, State, Zip Code) 2 Allen Center, 16th Floor, 1200 Smith Street, Houston, TX 77002 [X] Executive Officer [ ] Director [ ] Beneficial Owner Check Box(es) that Apply: [ ] Promoter [ ] General and/or Managing Partner Full Name (Last name first, if individual) Veith, Edwin J. Business or Residence Address (Number and Street, City, State, Zip Code) 5060 California Avenue, Suite 400, Bakersfield, CA 93389 Beneficial Owner [X] Executive Officer Director Check Box(es) that Apply: [ ] Promoter General and/or Managing Partner Full Name (Last name first, if individual) Chua, Patrick Business or Residence Address (Number and Street, City, State, Zip Code) 19th Floor, 101 - 6th Ave. SW, Calgary, AB T2P 3P4 Beneficial Owner [X] Executive Officer Director Check Box(es) that Apply: Promoter ] General and/or Managing Partner Full Name (Last name first, if individual) Moench, Gerald Business or Residence Address (Number and Street, City, State, Zip Code) 19th Floor, 101 - 6th Ave. SW, Calgary, AB T2P 3P4 Check Box(es) that Apply: [ ] Promoter [ ] Beneficial Owner [X] Executive Officer [ ] Director [ ] General and/or Managing Partner Full Name (Last name first, if individual) Barnett, Ian Business or Residence Address (Number and Street, City, State, Zip Code) Suite 654 - 999 Canada Place, Vancouver, B.C. V6C 3E1 (Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

					B. IN	FORMA	ΓΙΟΝ AΙ	BOUT O	FFERING	<b>3</b>			
1.	Has the issue	r sold, or o	loes the iss			non-accred				ILOE.	· · · · ·		Yes No
2.	What is the n	ninimum i	nvestment	that will be	e accepted	from any	individual'	?					\$N/A
3.	Does the offe	ring perm	it joint ow	nership of	a single un	nit?							Yes No [ ] [X]
4.	Enter the information agent of a brobe listed are	i for solici oker or dea	tation of pr aler registe	urchasers i red with th	n connecti ne SEC an	ion with sa d/or with a	les of secu state or st	rities in th ates, list th	e offering. ne name of	If a perso the broker	on to be lis r or dealer	ted is an a	or similar ssociated person or han five (5) persons to
	l Name (Last n stone Capital			al)									
Bus	siness or Resid	ence Addr	ess (Numb				ode)					•	···········
	0, 335 – 8th A			y, AB, Ca	nada T2P	1C9							
Tri	stone Capital	(USA) Inc	<b>c.</b>									<del></del>	
Sta	tes in Which Po												
	(Check	"All State:	s" or check	individua	l States)				•••••				[ ] All States
	[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [ <b>TX</b> ]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[K/Z] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]
Ful	l Name (Last n	ame first,	if individu	al)		<u></u>							
Bus	siness or Resid	ence Addr	ess (Numb	er and Stre	et City S	itate. Zin C	ode)	-					
	me of Associate						<b>,</b>				_		
Sta	tes in Which Po	erson Liste	ed Has Soli	icited or In	tends to S	olicit Purch	nasers						
	(Check	"All State	s" or check	indiviđua	I States)				•••••	*************			[ ] All States
	[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	(FL) [MI) [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]
Ful	l Name (Last n	ame first,	if individu	al)						-	-		
Bus	siness or Resid	ence Addr	ess (Numb	er and Stre	eet, City, S	State, Zip C	ode)					_	
Naı	me of Associat	ed Broker	or Dealer	•									
Sta	tes in Which P	erson Liste	ed Has Sol	icited or In	tends to S	olicit Purch	nasers	1					
	(Check	"All State	s" or check	c individua	l States)							***************************************	[ ] All States
	[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

	the securities offered for exchange and already exchanged.  Type of Security	Aggregate Offering Price	A	mount Already Sold
	Debt	\$	\$	
	Equity	<b>S</b>	\$	W-18-1
	[ ] Common [ ] Preferred			
	Convertible Securities (including warrants)	\$\$5,941,600*	\$	25,941,600*
	Partnership Interests	\$	\$	
	Other (specify)	\$	\$	
	Total	\$5,941,600*	<b>s</b>	25,941,600*
	Answer also in Appendix, Column 3, if filing Under ULOE			
	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."			
		Number	Aggre	gate Dollar Amoun
		Investors		of Purchases
	Accredited Investors	4	<b>\$</b>	25,941,600*
	Non-accredited Investors	0	S	0
	Total (for filings Under Rule 504 Only)	N/A	\$	N/A
	Answer also in Appendix, Column 4 if filing under ULOE			
3.	If this filing is for an offering Under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part $C$ – Question 1.			
	Type of offering	Type of Security	I	Dollar Amount Sold
	Rule 505	N/A	<b>s</b>	N/A
	Regulation A	N/A	s	N/A
	Rule 504	N/A	<b>S</b>	N/A
	Total	N/A	<b>S</b>	N/A
١.	a. Furnish a statement of all expenses in connection with the issuance and distribution of			
	the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.			
	Transfer Agent's Fees		<b>S</b>	
	Printing and Engraving Costs	[]	<b>S</b>	
	Legal Fees	[X]		<u> 17,917*</u>
	Accounting Fees	(v)	\$	29,479*

C. OFFERING PRICE NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

\$ 1,179,201\*

1,356,076

29,479\*

Total......[X]

<sup>\*</sup> Each Special Warrant entitles the holder thereof to acquire, subject to adjustment in certain events, one Common Share of the Company for no additional consideration. The offering was conducted in Canadian dollars. These dollar amounts have been translated into United States dollars at the rate of US\$1=\$.9909 Cdn., the noon rate at the date of closing. In addition, the costs under #4 above have been prorated on the basis of the relationship that United States subscribers purchased of the total offering, or 29.75%.

	C. OTTERINGTRICE, NUMBER OF INVE	orono, exi en	SES AND USE OF FR	OCEEDS
	b. Enter the difference between the aggregate offering price given in a — Question 1 and total expenses furnished in response to Part C — Q difference is the "adjusted gross proceeds to the issuer."	uestion 4.a. This		\$ <u>24,585,524</u> *
5.	Indicate below the amount of the adjusted gross proceeds to the proposed to be used for each of the purposes shown. If the amount not known, furnish an estimate and check the box to the left of the est of the payments listed must equal the adjusted gross proceeds to the response to Part C – Question 4.b above.	for any purpose is stimate. The total	Payments to Officers,	
			Directors, & Affiliates	Payments To Others
	Salaries and fees	[]	\$[	] \$
	Purchase of real estate		\$[	] \$
	Purchase, rental or leasing and installment of machinery and equ	ipment [ ]	\$[	] \$
	Construction or leasing of plant buildings and facilities		. 2	] <b>\$</b>
	Acquisition of other businesses (including the value of securitic offering that may be used in exchange for the assets of sec issuer pursuant to a merger)	es involved in this urities of another		] \$
	Repayment of indebtedness		\$[	] \$
	Working capital	[]	\$[?	K) \$ <u>17,952,687*</u>
	Other: To make the initial payment required under the Company with Talisman Energy Canada to acquire Talisman's interests in in the Athabasca oilsands region in Alberta, Canada, and to function planned development activities on the acquired oilsands leases	certain leases i the Company's	\$	X] \$ <u>6,</u> 632.837*
	Column totals	[]	\$	\$ <u>24,585,524*</u>
	Total payments listed (column totals added)		[X] \$ <u>24,585,524*</u>	
	D. FEDERA	L SIGNATURE		
constitu	ter has duly caused this notice to be signed by the undersigned duly authors an undertaking by the issuer to furnish to the U.S. Securities and Except to any non-accredited investor pursuant to paragraph (b)(2) of Rule 50	orized person. If this		
lssuer (F	Print or Type)	Signature		Date
	e Energy Inc.	مرمدر	ant off	July 23, 2008
Name of	f Signer (Print or Type)	Title of Signer (Pri	nt or Type)	

Attention

Beverly A. Bartlett

Vice President and Corporate Secretary

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)